

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 970028
FACILITY: H2-Oh-Yeah
LOCATION: 2134 C.R. 224
 Ashley, OH 43003
COUNTY: Morrow
DISTRICT: CDO

STATUS:
PERMIT NUMBER:
STATION CODE:
MONITORING PERIOD :
REPORTING LAB:
ANALYST:
NO DISCHARGE INDICATOR:

Revision
4MP00028*AM
 401
2020-06-01 To: 2020-06-30
 Brookside
 Kari Long

PARAMETER	pH	Nitrogen, Ammonia (NH3)	Nitrite Plus Nitrate, Total	Nitrogen, Inorganic, Total	Phosphorus, Total (P)	E. coli	Application Rate- Wastewater, Spray
PARAMETER CODE	00400	00610	00630	00640	00665	31648	50045
UNITS	S.U.	mg/l	mg/l	mg/l	mg/l	#/100 ml	inches/day
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Total
2020-06-01							
2020-06-02	7.75	.024	AA0.01	AA0.01	.002	184.93	.4
2020-06-03	7.75	.024	AA0.01	AA0.01	.002	184.93	.18
2020-06-04							
2020-06-05							
2020-06-06							
2020-06-07							
2020-06-08							
2020-06-09							
2020-06-10							
2020-06-11							
2020-06-12	7.75	.024	AA0.01	AA0.01	.002	184.93	.4
2020-06-13							
2020-06-14							
2020-06-15	7.75	.024	AA0.01	AA0.01	.002	184.93	.26
2020-06-16							
2020-06-17	7.75	.024	AA0.01	AA0.01	.002	184.93	.40
2020-06-18	7.75	.024	AA0.01	AA0.01	.002	184.93	.13
2020-06-19							
2020-06-20	7.75	.024	AA0.01	AA0.01	.002	184.93	.2
2020-06-21							
2020-06-22							
2020-06-23							
2020-06-24							
2020-06-25	7.75	.024	AA0.01	AA0.01	.002	184.93	.2
2020-06-26	7.75	.024	AA0.01	AA0.01	.002	184.93	.2
2020-06-27							
2020-06-28							
2020-06-29							
2020-06-30	7.75	.024	AA0.01	AA0.01	.002	184.93	.2
Minimum	7.75	0.024	0.0	0.0	0.002	184.93	0.13
Maximum	7.75	0.024	0.0	0.0	0.002	184.93	0.4
Average		0.024	0	0	0.002	184.93	0.257
Count	10	10	10	10	10	10	10
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time	
Jeff Williamson						Certification Version Date 2020-07-30 11:07	

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SUBMISSION ID:
FACILITY:
LOCATION:

970028
H2-Oh-Yeah
2134 C.R. 224
Ashley, OH 43003

STATUS:
PERMIT NUMBER:
STATION CODE:
MONITORING PERIOD :

Revision
4MP00028*AM
401
2020-06-01 To: 2020-06-30

COUNTY:
DISTRICT:

Morrow
CDO

REPORTING LAB:
ANALYST:
NO DISCHARGE INDICATOR:

Brookeside
Kari Long

PARAMETER	Flow Rate					
PARAMETER CODE	50050					
UNITS	MGD					
FREQUENCY	When Disch.					
SAMPLING TYPE	24hr Total Estimate					
2020-06-01						
2020-06-02	.432					
2020-06-03	.1738					
2020-06-04						
2020-06-05						
2020-06-06						
2020-06-07						
2020-06-08						
2020-06-09						
2020-06-10						
2020-06-11						
2020-06-12	.432					
2020-06-13						
2020-06-14						
2020-06-15	.2808					
2020-06-16						
2020-06-17	.432					
2020-06-18	.0976					
2020-06-19						
2020-06-20	.216					
2020-06-21						
2020-06-22						
2020-06-23						
2020-06-24						
2020-06-25	.216					
2020-06-26	.216					
2020-06-27						
2020-06-28						
2020-06-29						
2020-06-30	.216					
Minimum	0.0976					
Maximum	0.432					
Average	0.27122					
Count	10					
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Jeff Williamson						Certification Version Date 2020-07-30 11:07

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FACILITY:
LOCATION:

970028
H2-Oh-Yeah
2134 C.R. 224
Ashley, OH 43003

STATUS:
PERMIT NUMBER:
STATION CODE:
MONITORING PERIOD :

Revision
4MP00028*AM
402
2020-06-01 To: 2020-06-30

COUNTY:
DISTRICT:

Morrow
CDO

REPORTING LAB:
ANALYST:
NO DISCHARGE INDICATOR:

AL

PARAMETER	pH	Nitrogen, Ammonia (NH3)	Nitrite Plus Nitrate, Total	Nitrogen, Inorganic, Total	Phosphorus, Total (P)	E. coli	Application Rate- Wastewater, Spray
PARAMETER CODE	00400	00610	00630	00640	00665	31648	50045
UNITS	S.U.	mg/l	mg/l	mg/l	mg/l	#/100 ml	inches/day
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Grab
2020-06-01							
2020-06-02							
2020-06-03							
2020-06-04							
2020-06-05							
2020-06-06							
2020-06-07							
2020-06-08							
2020-06-09							
2020-06-10							
2020-06-11							
2020-06-12							
2020-06-13							
2020-06-14							
2020-06-15							
2020-06-16							
2020-06-17							
2020-06-18							
2020-06-19							
2020-06-20							
2020-06-21							
2020-06-22							
2020-06-23							
2020-06-24							
2020-06-25							
2020-06-26							
2020-06-27							
2020-06-28							
2020-06-29							
2020-06-30							
Minimum							
Maximum							
Average							
Count							
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.		Signature of Responsible Official or Authorized Representative	Submission Date/Time			
Jeff Williamson				Certification Version Date 2020-07-30 11:07			

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SUBMISSION ID:	970028	STATUS:	Revision
FACILITY:	H2-Oh-Yeah	PERMIT NUMBER:	4MP00028*AM
LOCATION:	2134 C.R. 224	STATION CODE:	402
	Ashley, OH 43003	MONITORING PERIOD :	2020-06-01 To: 2020-06-30
COUNTY:	Morrow	REPORTING LAB:	
DISTRICT:	CDO	ANALYST:	
		NO DISCHARGE INDICATOR:	AL

PARAMETER	Flow Rate					
PARAMETER CODE	50050					
UNITS	MGD					
FREQUENCY	When Disch.					
SAMPLING TYPE	24hr Total Estimate					
2020-06-01						
2020-06-02						
2020-06-03						
2020-06-04						
2020-06-05						
2020-06-06						
2020-06-07						
2020-06-08						
2020-06-09						
2020-06-10						
2020-06-11						
2020-06-12						
2020-06-13						
2020-06-14						
2020-06-15						
2020-06-16						
2020-06-17						
2020-06-18						
2020-06-19						
2020-06-20						
2020-06-21						
2020-06-22						
2020-06-23						
2020-06-24						
2020-06-25						
2020-06-26						
2020-06-27						
2020-06-28						
2020-06-29						
2020-06-30						
Minimum						
Maximum						
Average						
Count						

Name of Responsible Official or Authorized Representative <div style="text-align: center; font-size: 1.2em;">Jeff Williamson</div>	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	Signature of Responsible Official or Authorized Representative <div style="height: 40px;"></div>	Submission Date/Time <div style="text-align: center;"> Certification Version Date 2020-07-30 11:07 </div>
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Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: FACILITY: LOCATION: COUNTY: DISTRICT:	970028 H2-Oh-Yeah 2134 C.R. 224 Ashley, OH 43003 Morrow CDO	STATUS: PERMIT NUMBER: STATION CODE: MONITORING PERIOD : REPORTING LAB: ANALYST: NO DISCHARGE INDICATOR:	Revision 4MP00028*AM 403 2020-06-01 To: 2020-06-30 AL
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PARAMETER	pH	Nitrogen, Ammonia (NH3)	Nitrite Plus Nitrate, Total	Nitrogen, Inorganic, Total	Phosphorus, Total (P)	E. coli	Application Rate- Wastewater, Spray
PARAMETER CODE	00400	00610	00630	00640	00665	31648	50045
UNITS	S.U.	mg/l	mg/l	mg/l	mg/l	#/100 ml	inches/day
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Grab
2020-06-01							
2020-06-02							
2020-06-03							
2020-06-04							
2020-06-05							
2020-06-06							
2020-06-07							
2020-06-08							
2020-06-09							
2020-06-10							
2020-06-11							
2020-06-12							
2020-06-13							
2020-06-14							
2020-06-15							
2020-06-16							
2020-06-17							
2020-06-18							
2020-06-19							
2020-06-20							
2020-06-21							
2020-06-22							
2020-06-23							
2020-06-24							
2020-06-25							
2020-06-26							
2020-06-27							
2020-06-28							
2020-06-29							
2020-06-30							
Minimum							
Maximum							
Average							
Count							
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time	
Jeff Williamson						Certification Version Date 2020-07-30 11:07	

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SUBMISSION ID: FACILITY: LOCATION:	970028 H2-Oh-Yeah 2134 C.R. 224 Ashley, OH 43003	STATUS: PERMIT NUMBER: STATION CODE: MONITORING PERIOD :	Revision 4MP00028*AM 403 2020-06-01 To: 2020-06-30
COUNTY: DISTRICT:	Morrow CDO	REPORTING LAB: ANALYST: NO DISCHARGE INDICATOR:	 AL

PARAMETER	Flow Rate					
PARAMETER CODE	50050					
UNITS	MGD					
FREQUENCY	When Disch.					
SAMPLING TYPE	24hr Total Estimate					
2020-06-01						
2020-06-02						
2020-06-03						
2020-06-04						
2020-06-05						
2020-06-06						
2020-06-07						
2020-06-08						
2020-06-09						
2020-06-10						
2020-06-11						
2020-06-12						
2020-06-13						
2020-06-14						
2020-06-15						
2020-06-16						
2020-06-17						
2020-06-18						
2020-06-19						
2020-06-20						
2020-06-21						
2020-06-22						
2020-06-23						
2020-06-24						
2020-06-25						
2020-06-26						
2020-06-27						
2020-06-28						
2020-06-29						
2020-06-30						
Minimum						
Maximum						
Average						
Count						

Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	Signature of Responsible Official or Authorized Representative	Submission Date/Time
Jeff Williamson		 	Certification Version Date 2020-07-30 11:07

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SUBMISSION ID: FACILITY: LOCATION: COUNTY: DISTRICT:	970028 H2-Oh-Yeah 2134 C.R. 224 Ashley, OH 43003 Morrow CDO	STATUS: PERMIT NUMBER: STATION CODE: MONITORING PERIOD : REPORTING LAB: ANALYST: NO DISCHARGE INDICATOR:	Revision 4MP00028*AM 602 2020-06-01 To: 2020-06-30 Brookeside Kari Long
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PARAMETER	Biochemical Oxygen Demand, 5 Day	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Phosphorus, Total (P)	E. coli	Flow Rate	Sludge Solids, Percent Total
PARAMETER CODE	00310	00530	00610	00665	31648	50050	70318
UNITS	mg/l	mg/l	mg/l	mg/l	#/100 ml	MGD	%
FREQUENCY	1/Week	1/Week	1 / 2 Weeks	1 / 2 Weeks	1 / 2 Weeks	1 / 2 Weeks	1 / 2 Weeks
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	24hr Total Estimate	Grab
2020-06-01	1.323	.9	.0001	.002	10.6987	0	.48
2020-06-02							
2020-06-03							
2020-06-04							
2020-06-05							
2020-06-06							
2020-06-07							
2020-06-08	1.716	.081					
2020-06-09							
2020-06-10							
2020-06-11							
2020-06-12							
2020-06-13							
2020-06-14							
2020-06-15	1.992	1	.0001	.002	.602	.173	.48
2020-06-16							
2020-06-17							
2020-06-18							
2020-06-19							
2020-06-20							
2020-06-21							
2020-06-22	1.62	.9333					
2020-06-23							
2020-06-24							
2020-06-25							
2020-06-26							
2020-06-27							
2020-06-28							
2020-06-29							
2020-06-30							
Minimum	1.323	0.081	1.0E-4	0.002	0.602	0.0	0.48
Maximum	1.992	1.0	1.0E-4	0.002	10.6987	0.173	0.48
Average	1.66275	0.72858	0.0001	0.002	5.65035	0.0865	0.48
Count	4	4	2	2	2	2	2
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time	
Jeff Williamson						Certification Version Date 2020-07-30 11:07	

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PARAMETER	Sludge Solids, Percent Volatile	Freeboard	pH	Oil and Grease, Hexane Extr Method	Nitrogen Kjeldahl, Total	Nitrogen, Inorganic, Total	
PARAMETER CODE	70322	82564	00400	00552	00625	00640	
UNITS	%	feet	S.U.	mg/l	mg/l	mg/l	
FREQUENCY	1 / 2 Weeks	1 / 2 Weeks	1/Month	1/Month	1/Month	1/Month	
SAMPLING TYPE	Grab	Total	Grab	Grab	Grab	Grab	
2020-06-01	37.7	2	8.06	AA5.0	.0001	AA5.0	
2020-06-02							
2020-06-03							
2020-06-04							
2020-06-05							
2020-06-06							
2020-06-07							
2020-06-08							
2020-06-09							
2020-06-10							
2020-06-11							
2020-06-12							
2020-06-13							
2020-06-14							
2020-06-15	37.383	2					
2020-06-16							
2020-06-17							
2020-06-18							
2020-06-19							
2020-06-20							
2020-06-21							
2020-06-22							
2020-06-23							
2020-06-24							
2020-06-25							
2020-06-26							
2020-06-27							
2020-06-28							
2020-06-29							
2020-06-30							
Minimum	37.383	2.0	8.06	0.0	1.0E-4	0.0	
Maximum	37.7	2.0	8.06	0.0	1.0E-4	0.0	
Average	37.5415	2		0	0.0001	0	
Count	2	2	1	1	1	1	
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time	
Jeff Williamson						Certification Version Date 2020-07-30 11:07	

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

FACILITY:

LOCATION:

H2-Oh-Yeah
2134 C.R. 224
Ashley, OH 43003

PERMIT NUMBER:

MONITORING PERIOD :

4MP00028*AM

2020-06-01 To: 2020-06-30

PARAMETER COMMENTS:

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
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